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JMD

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 36119-125 (US9)										
In re Application of Carl H. June, et al.												
Application Number 09/350,202		Filed 07/08/99										
For METHODS FOR SELECTIVELY STIMULATING PROLIFERATION OF T CELLS												
Group Art Unit 1644		Examiner P. Gambel										
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.												
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):												
<table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>TECH CENTER 1600/2900</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 1,960.00</td></tr></table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	TECH CENTER 1600/2900	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 1,960.00
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<table><tr><td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td></tr><tr><td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td></tr><tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u>. I have enclosed a duplicate copy of this sheet.</td></tr></table>			<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	<input type="checkbox"/> A check in the amount of the fee is enclosed.	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.					
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I am the <input type="checkbox"/> applicant/inventor												
<table><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent of record.</td></tr><tr><td><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</td></tr></table>			<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input checked="" type="checkbox"/> attorney or agent of record.	<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.							
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<u>09/16/02</u> Date		 Signature										
09/19/2002 AMONDAF1 00000012 080219 09350202 02 FC:128 1960.00 CH		Nancy Chiu, Ph.D. Typed or printed name Registration No. 43,545										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input type="checkbox"/> Total of _____ forms are submitted.												

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.